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said arcuate member disposed medially of said handle member and said flat compressor-lever shield member;

said distal member of said arcuate offset member configured to be at least as long as said proximal member thereof;

said compressor-lever shield member configured to continuously widen from said arcuate offset member to a substantially broad tip means disposed at said shield member's leading, distal edge, and adapted to match size and configuration of the anatomical features of said patient's upper airway; and

said arcuate offset member configured to enable said shield member to reach said supraglottic region proximal distal to the base of said tongue and said vallecula so as to provide sufficient leverage to enable said medical practitioner to compress and lift said tongue and to simultaneously lift said epiglottis in said pharyngeal cavity, while simultaneously flattening said tongue in said buccal laryngeal cavity, for creating sufficient space in both said buccal laryngeal cavity and said pharyngeal cavity to enable said medical practitioner to rapidly insert said supraglottic airway while minimizing tissue trauma and post-procedural patient discomfort.

Claim 2 (Currently Amended) The apparatus recited in Claim 1, wherein said handle member, said proximal member, said arcuate offset member, and said compressor-lever shield distal member are integrally constructed.

Claim 3 (Currently Amended) The apparatus recited in Claim 1, wherein said handle member and said solid arcuate offset member are releasably interconnected by a first

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connection means.

Claim 4 (Currently Amended) The apparatus recited in Claim 3, wherein said first connection means comprises a threaded engagement between said handle member and said proximal member of said solid arcuate offset member.

Claim 5 (Currently Amended) The apparatus recited in Claim 3, wherein said first connection means comprises a slotted engagement between said handle member and said proximal member of said solid arcuate offset member.

Claim 6 (Currently Amended) The apparatus recited in Claim 1, wherein said arcuate offset member and said compression-lever shield member are interconnected by a second connection means.

Claim 7 (Currently Amended) The apparatus recited in Claim 6, wherein said second connection means comprises a slotted channel engagement between said arcuate offset member and said compression-lever shield member.

Claim 8 (Original) The apparatus recited in Claim 1, wherein said compression-lever shield member comprises a substantially flat configuration.

Claim 9 (Original) The apparatus recited in Claim 1, wherein said compression-lever shield member comprises a substantially concave configuration.

Claim 10 (Previously Amended) The apparatus recited in Claim 1, wherein said compression-lever shield member comprises a perimeter buffered edge to prevent tissue trauma as said shield member is advanced by said medical practitioner through said patient's pharyngeal cavity into said vallecula.

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Claim 11 (Currently Amended) The apparatus recited in Claim 1, wherein said arcuate offset member includes a marker means disposed at on its end proximal to said handle member, for guiding said medical practitioner when said compressor-lever shield member has been fully inserted into said patient's upper airway.

Claim 12 (New) The apparatus recited in Claim 1, wherein said distal member of said arcuate offset member is configured to be the same length as said proximal member thereof.